



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 14.5

Subject: Investigation of Alleged Child Abuse and Neglect

Supersedes: DCS 14.5, 04/01/01

Local Policy: No

Local Procedures: No

Training Required: No

Approved by:

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Application

To All Department of Children's Services Child Protective Services Employees.

Authority: TCA 37-5-106; 37-1-401-414; 37-1-601-616; 37-5-103; 37-5-107

Policy

DCS Child Protective Services (CPS) staff shall complete investigations of all reports that meet the criteria for investigation within sixty days (60). DCS shall identify safety issues as early as possible in the process of investigating allegations of abuse or neglect and take proper action to ensure the health and safety of vulnerable children. DCS shall terminate the investigation as soon as possible if indications of child abuse or neglect or imminent risk of child abuse or neglect are not determined.

Procedures

A. Investigative activities

The following tasks constitute the array of possible investigative activities. The activities that are appropriate for a particular investigation shall depend on the type of allegation being investigated:

1. Convening Child Protective Investigative Team (CPIT)

- a) To convene CPIT, DCS or another member of CPIT contacts CPIT members according to local protocols. CPIT must be notified immediately of all reports alleging child sexual abuse. If required by local written protocol, CPIT must be notified immediately of all reports of severe physical abuse. If local protocols have not been developed, the case manager shall immediately contact the District Attorney or his/her designee and give verbal notification.

- b) All CPIT notifications must be documented in the case narrative and shall include full names and titles of parties contacted.

2. Notification to the District Attorney

- a) The case manager must verbally notify the District Attorney General immediately upon receipt of all cases of alleged sexual abuse or severe child abuse, unless formal, written local protocol provides for a different procedure. The District Attorney, other CPIT members, and the Regional Administrator or his/her designee must sign local protocols and a copy must be maintained in the local office.
- b) Regardless of how the notification occurs, the case manager or other DCS staff must send the DA a copy of the CPS intake document within 3 days of receipt of the report.

3. Notification to Child Advocacy Centers

In jurisdictions where Child Advocacy Centers exist, the case manager shall notify the Child Advocacy Center (CAC) of any report of sexual abuse accepted for investigation. The CAC and CPIT may also be notified of any other severe abuse allegations, if the team has agreed to accept investigative responsibilities of these additional reports. The case manager shall send the CAC a copy of the CPS intake document within 3 days of receipt of the report to be investigated.

4. Notification to other agencies

For reports involving licensed facilities, the appropriate authority from DCS licensing, DHS Licensing or Department of Mental Health and Developmental Disabilities shall be notified.

5. Submitting incident reports

For all allegations requiring the filing of an incident report, submit such reports as described in DCS policy 1.4, *Incident Reporting*.

6. Interview or observation of the child

- a) The child interview or observation is a face-to-face contact with the alleged victim for the purpose of interviewing the child concerning the allegations and observing the child's physical /emotional condition. If the child is non-verbal, the case manager must observe the child's physical condition and behavior, relative to the allegations, specifically documenting these observations in the case narrative. If the child is capable of participating in an interview, the interview

- shall be audio taped or video taped whenever possible, unless precluded by local protocol.
- b) The interview must occur within the time frame required by the assigned response priority or within such time frame as the team determines in CPIT cases. Reasonable concerns about child's safety should outweigh any other consideration of the timing and location of an interview.
 - c) Every effort must be made for the interview and observation of alleged victims to occur apart from the alleged perpetrator. Interviews involving sexual abuse allegations must be conducted in a neutral, safe environment, such as a Child Advocacy Center.
 - d) In jurisdictions where Child Advocacy Center forensic interviewers are available, the DCS case manager shall make use of such interviewers to conduct child interviews in cases alleging child sexual abuse according to local protocol. The forensic interviewers may also conduct interviews in severe abuse cases, if appropriate. The DCS case manager and/or other CPIT members shall observe the interview via closed circuit or other remote method.
 - e) Parents/caretakers shall be notified of the child interview on the same day the interview occurs. If a child's parents refuse to allow him or her to be interviewed or observed, the case manager shall immediately notify the CPS team leader, who shall immediately consult with DCS legal counsel. These notifications and consultations shall be documented in the case narrative. DCS legal counsel may advise the case manager to contact law enforcement officials or may take other actions such as seeking a court order to conduct the interview.
 - f) If child is alleged to have physical injuries or observable conditions, the case manager shall make a direct observation and provide a written description of observed conditions and/or injuries in the narrative. At a minimum, the documentation will describe in detail the location, color, length, shape, size, and number of any injury.
 - g) Photographs should be taken or drawings should be made to supplement the written description. The case manager should also photograph any objects allegedly used to abuse a child. All photographs must be labeled with the child's name, date and time taken, location where the photograph was taken, and name of person taking the photograph. Photographs of objects shall be labeled with the name of the object in addition to the

information listed above.

7. Interviews and/or observations with other children in the home

- a) The case manager shall interview/observe all children residing in the household of the victim. If the alleged perpetrator resides in a different household from that of the victim, the child(ren) residing in the alleged perpetrator's home shall be interviewed as possible victims or collaterals. If the children are non-verbal, the case manager must observe their physical condition and behavior, relative to the allegations, specifically documenting these observations in the case narrative. If the children are capable of participating in an interview, the interviews shall be audio taped whenever possible, unless precluded by local protocol.
- b) If possible, this interview or observation shall occur out of the presence of the parent or caretaker. If an alleged perpetrator is identified, the child interview/observation shall occur out of the presence of the alleged perpetrator.

8. Interviews with the parents/caretakers

- a) The case manager or appropriate CPIT team member(s) shall interview the parents or caretakers of the alleged child victim(s) individually. In most situations, the interview with the parent/caretaker must occur on the same day the child is interviewed. If CPIT team member does not interview the parent/caretaker, the case manager must conduct this interview within the time frame for completing an investigation.
- b) This interview must be fully documented in the case narrative. If a law enforcement officer conducts a parent/caretaker interview, DCS must obtain from the interviewer or construct from the interviewer's records adequate documentation of the process and substance of the interview.
- c) If law enforcement does not provide access to their investigative information, or if the law enforcement interview does not adequately address risk or safety issues, the DCS CPS case manager shall contact the CPS team leader, who shall consult with DCS legal counsel to determine what the legal options are. These consultations shall be documented in the case narrative.
- d) If the parent/caretaker declines to participate in an interview, the DCS CPS case manager must document in the case narrative the case manager's attempts to obtain the parent/caretaker's participation.

9. Interviews with alleged perpetrators if other than parents/caretakers

- a) The case manager, or appropriate CPIT member(s), shall separately interview each person alleged in the report to be a perpetrator. In all investigations involving CPIT, the interview of an alleged perpetrator must be coordinated with the other CPIT members. If a CPIT member other than the DCS case manager assumes responsibility for the interview of an alleged perpetrator, DCS must have access to adequate documentation of the substance of the interview. If a CPIT member other than the DCS case manager assumes responsibility for interviewing an alleged perpetrator but fails to conduct an interview within 60 days of the date of the report, then the case manager shall proceed to conduct the interview, after notifying the CPIT member. The case manager shall document this interview in the case narrative.
- b) If law enforcement does not provide access to their investigative information, or if the law enforcement interview does not adequately address risk or safety issues, the DCS CPS case manager shall contact the CPS team leader, who shall consult DCS legal counsel to determine if there should be an additional interview with the alleged perpetrator. These consultations shall be documented in the case narrative.
- c) If the alleged perpetrator declines to participate in an interview, the CPS DCS case manager must document in the case narrative the case manager's attempts to obtain the alleged perpetrator's participation.
- d) If the alleged perpetrator is a minor child, DCS shall obtain parents', custodians', or legal guardian's verbal consent before interviewing the minor child.
- e) If the alleged perpetrator is a child in DCS custody, the DCS case manager shall contact the team leader who shall consult DCS legal counsel to determine if DCS should interview with the child. These consultations shall be documented in the case narrative.

10. Medical exam or treatment

- a) Forensic medical exam
 - ◆ The purpose of the forensic medical exam is to assess the child's medical condition, obtain a diagnosis, determine if the child needs treatment, to assess the child's risk of further harm, or to aid in making a classification decision. The case manager shall obtain a forensic medical exam by a

competent practitioner with expertise necessary to assess the medical condition in all situations that involve obvious severe injury/conditions, or when a medical opinion is needed to evaluate the injuries. This may include judging the ages of old bruises or the consistency of the explanation with the injuries.

- ◆ To the extent possible, the case manager shall work with the parents to arrange this exam. The case manager in coordination with the team leader and CPIT team members, if applicable, shall identify the appropriate practitioner to perform this exam, regardless of insurance coverage or TennCare eligibility. The practitioner who performs the forensic medical exam may or may not be the child's regular physician. If the parents refuse to pay, or have no insurance coverage, or there is no TennCare provided, the cost for the medical exam can be covered by DCS. Form CS-0533, *Medical Services Authorization For Non-TennCare Eligible Children* must be completed for certain non-TennCare eligible children.
- ◆ The case manager shall work with parents to obtain the forensic medical exam and accompany the family to the medical office if possible. If the parents are unable to transport the child then the case manager may transport the child if the parent/caretaker accompanies them to the appointment, or gives his/her written permission for the case manager to transport the child to the medical appointment. The case manager shall not transport an otherwise unaccompanied child without the written permission of the parent(s).
- ◆ If parents refuse to permit the child to receive a forensic medical examination, the case manager shall immediately contact the team leader who shall immediately consult with the DCS legal counsel for advice about obtaining the exam and assuring the safety of the child. The case manager shall document these consultations in the case file.
- ◆ At a minimum, the case manager shall contact the practitioner prior to the appointment to describe the CPS concerns. Following the examination the case manager shall contact the practitioner to learn the findings and document any injuries, possible timing of any injuries, and how the explanation compares to with the child's injuries.
- ◆ The case manager shall obtain a written report of the exam upon completion, placing this document in

the case file and enter the date received and a brief description in case recording in TN Kids.

b) Medical treatment

- ◆ The purpose of medical treatment is to provide care for a child who is ill or injured. If the case manager conducting an investigation encounters a child who needs medical treatment, the case manager shall ask the parents/caretakers to identify the child's physician, to make arrangements for the child to receive medical treatment, and to ensure that the child has transportation to the appointment.
- ◆ If the parents are unable to transport the child, the case manager may transport the child and the child's parent(s) to the appointment. The case manager shall not transport an otherwise unaccompanied child to a medical appointment without the written permission of the parent(s).
- ◆ If parents transport the child, the case manager may meet the family at the physician's office or clinic.
- ◆ If the case manager is unable to attend the medical appointment, then he/she shall contact the physician prior to the appointment to describe the CPS concerns and follow up with a discussion with the doctor after the child is treated.
- ◆ The case manager shall obtain a written copy of the medical report upon completion of the exam. The case manager shall file the copy in the case record and enter the date received accompanied with a brief description in case recording on TN Kids.

11. Home visit

The DCS case manager shall observe the child's home environment, including all areas related to the allegations in the report. The home visit should be conducted in such a manner that the case manager may also observe the interaction of family members. The overall environment must be described in the case narrative, with details on any conditions that appear to constitute risk to the child. The case manager may provide additional documentation through photographs and video. The case manager shall note the date, address, and person taking the photographs on the photographs.

12. Contact with reporter

If the reporter's name and address or telephone number are available, the case manager may call or visit the reporter to verify information in the report, and to obtain additional information if necessary.

13. Collateral interviews

The case manager shall interview, in person or by telephone, all other persons who may have witnessed the abuse or neglect or have relevant information regarding the circumstances of the child and family, including other adults in the home or community, professionals, or staff of other agencies.

14. Background check

The case manager shall attempt to obtain background information from any law enforcement, criminal justice, military, social services agency, and/or school.

15. Other site visits

If the report or investigation suggests that the alleged abuse occurred in a setting other than the home, e.g., a day care center, park, school, etc., the case manager shall visit the site to observe the setting and assess conditions that constitute risk to the child.

16. Psychological evaluation

- a) The case manager shall obtain a psychological evaluation of child victims, parent/caretakers, or alleged perpetrators to evaluate the existence and/or extent of psychological harm or impairment, if such evaluation may be useful in assessing potential risk of harm to a child or is otherwise relevant to the investigation. The cost of the psychological evaluation can be covered by DCS by completing form CS-0533, *Medical Services Authorization For Non-TennCare Eligible Children*. This same procedure may be used for children and/or their parents.
- b) If the parent/caretaker refuses to allow a child to participate in this evaluation, or refuses to participate him/herself, the case manager shall contact the team leader who shall consult with DCS legal counsel regarding the possibility of acquiring an investigative order for a psychological evaluation. These consultations shall be documented in the case recording.

B. Task categories

All of the investigative tasks listed above are not required in all investigations. Specific requirements of each investigation shall depend on the type of allegation. The following information defines the terms: required, recommended, optional, and not applicable:

1. **Required tasks** must be completed within stated time frames and must be documented in the case narrative.

2. **Recommended tasks** should be given serious consideration. If the case manager chooses not to perform a task in this category, the case manager shall include in the narrative an explanation for the omission of the recommended task.
3. **Optional tasks** may be performed at the discretion of the case manager. If the case manager chooses not to perform a task in the category, there is no requirement for documentation of the omission of the optional task.
4. Some investigative tasks are **not applicable** to a given report and should not be performed.

**C. Investigative
tasks by
allegation**

1a. Physical abuse – severe

All investigative activities except for the psychological evaluation are **required** in cases alleging or involving severe abuse and shall be completed by the case manager assigned to the case and/or CPIT team members. The psychological evaluation of children or parents/caretakers is **recommended**.

1b. Physical abuse – non severe

a) Required:

- ◆ Forensic medical exam and/or treatment for the alleged victim if conditions exist as outlined in section A. 10.a above
- ◆ Interview/observe alleged child victim(s) and take photographs if needed
- ◆ Interview other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview perpetrator if other than a parent/caretaker
- ◆ Home visit (if abuse occurred in the home)
- ◆ Interview witnesses, collaterals, other adults in the home, other professionals or agencies

b) Recommended:

- ◆ Forensic medical exam and/or treatment for the alleged victim if conditions do not exist as outlined in A. 10.a above
- ◆ Site visit if abuse occurred in setting other than home

c) Optional:

- ◆ Contact reporter for more information

- ◆ Background check
- ◆ Psychological evaluations

d) Not applicable:

- ◆ Notifying the District Attorney
- ◆ Convening CPIT
- ◆ Notifying the Child Advocacy Center

2. Environmental neglect

a) Required:

- ◆ Interview/observe alleged child victim and photograph if needed
- ◆ Interview other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview alleged perpetrator if other than parents/caretakers
- ◆ Home visit and take photographs if needed

b) Recommended:

- ◆ Contact reporter for more information
- ◆ Interviews with witnesses, collaterals, other adults in the home, other professionals and agencies
- ◆ Background check

c) Optional:

- ◆ Psychological evaluation
- ◆ Medical treatment/exam

d) Not applicable:

- ◆ Convening CPIT
- ◆ Notifying the District Attorney
- ◆ Notifying the Child Advocacy Center
- ◆ Site visit if other than the home

3a. Nutritional neglect – severe

In nutritional neglect cases that meet criteria as severe abuse, almost all investigative activities are **required** with the possible exception of the psychological evaluation. In cases involving a diagnosis of failure-to-thrive, a psychological evaluation of the

parents/caretakers is **required**. In other severe forms of nutritional neglect acquiring psychological evaluations is **recommended**. The site visit is **optional** if the location is other than the home..

3b. Nutritional neglect – non-severe**a) Required:**

- ◆ Interview/observe alleged child victim and photograph as needed
- ◆ Interview/observe other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview perpetrator other than parent/caretaker
- ◆ Home visit
- ◆ Interview witnesses, collaterals, and other adults in the home, and other professionals or agencies

b) Recommended:

- ◆ Medical treatment/exam
- ◆ Contact reporter for more information

c) Optional:

- ◆ Background check
- ◆ Psychological evaluation

d) Not applicable

- ◆ Notifying the District Attorney
- ◆ Convening CPIT
- ◆ Notifying the Child Advocacy Center
- ◆ Site visit

4. Lack of supervision**a) Required:**

- ◆ Interview/observe alleged victim
- ◆ Interview/observe other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview alleged perpetrator if other than parent/caretaker
- ◆ Home visit, if allegations occurred in the home setting

- ◆ Interview witnesses, collaterals, other adults in the home, and professionals or agency staff

b) Recommended:

- ◆ Contact reporter for more information
- ◆ Background check
- ◆ Site visit, if occurred in setting other than the home

c) Optional:

- ◆ Psychological evaluation
- ◆ Medical treatment/exam

d) Not applicable

- ◆ Notifying the District Attorney
- ◆ Convening CPIT
- ◆ Notifying the Child Advocacy Center

5. Abandonment

a) Required:

- ◆ Interview/observe child victim
- ◆ Interview parent/caretaker if whereabouts are known
- ◆ Interview other children in the home
- ◆ Interview witnesses, collaterals, other adults in the home, and professionals or agency persons
- ◆ Background check

b) Recommended:

- ◆ Home visit
- ◆ Site visit, if occurred in setting other than the home
- ◆ Contact reporter for more information

c) Optional:

- ◆ Convene CPIT
- ◆ Notify the District Attorney
- ◆ Notify the Child Advocacy Center
- ◆ Medical treatment/exam
- ◆ Psychological evaluation

d) Not applicable:

- ◆ Interview with alleged perpetrator, if other than the

parent(s)

6a. Medical maltreatment – severe

In medical neglect cases that constitute severe abuse (endanger the life of the child or threaten to severely impair the child) all investigative tasks are **required** except for the psychological evaluation, which is **recommended**.

6b. Medical maltreatment – non-severe

a) Required:

- ◆ Interview/observe child victims and photograph as needed;
- ◆ Interview/observe other children in the home;
- ◆ Interview parents/caretakers;
- ◆ Interview alleged perpetrator if other than the parent/caretaker;
- ◆ Home visit;
- ◆ Interview witnesses, collaterals, other adults in the home, and professionals or agency staff.

b) Recommended:

- ◆ Medical treatment/exam

c) Optional:

- ◆ Contact reporter for more information
- ◆ Background check
- ◆ Psychological evaluations

d) Not applicable

- ◆ Notifying the District Attorney
- ◆ Convening CPIT
- ◆ Notifying the Child Advocacy Center
- ◆ Site visit

7. Sexual abuse

All investigative activities are **required** in a sexual abuse investigation except the following, which are **recommended** to the Child Protective Investigative Team (CPIT).

a) Recommended:

- ◆ Photographing injuries or conditions

- ◆ Medical treatment/exam
- ◆ Psychological evaluation

Note: If there appears to be substance to the report, and if the alleged perpetrator is a child under the age of 10, a clinical assessment should be conducted to help determine if the alleged perpetrator is a sexually reactive child.

8. Substantial risk of sexual abuse

a) Required tasks:

- ◆ Interview child victims
- ◆ Interview other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview alleged perpetrator if other than the parent/caretaker
- ◆ Home visit, if risk occurs in the home
- ◆ Interview witnesses, collaterals, other adults in the home, professionals and agency staff
- ◆ Background check

b) Recommended:

- ◆ Convene CPIT
- ◆ Notify the District Attorney
- ◆ Notify the Child Advocacy Center
- ◆ Site visit if other than home

c) Optional:

- ◆ Medical treatment/exam
- ◆ Contact reporter for more information
- ◆ Psychological evaluations

9. Substantial risk of physical injury

a) Required:

- ◆ Interview alleged child victim(s) and photograph as needed
- ◆ Interview other children in the home
- ◆ Interview parent/caretaker

- ◆ Interview alleged perpetrator, if other than the parent/caretaker
- ◆ Interview witnesses, collaterals, other adults in the home, professionals or agency staff
- ◆ Home visit
- ◆ Background check

b) Optional:

- ◆ Medical treatment
- ◆ Forensic medical exam
- ◆ Contact reporter for more information
- ◆ Psychological evaluations

c) Not applicable:

- ◆ Notifying the District Attorney
- ◆ Notifying the Child Advocacy Center
- ◆ Convening the CPIT
- ◆ Site visit

10. Abuse death

It is not necessary to observe the child in these situations. All other investigative tasks are required except for those listed below:

a) Recommended:

- ◆ Contact reporter for more information
- ◆ Psychological evaluation

11. Neglect death

It is not necessary to observe the child. All other investigative tasks are required except for the ones recommended below:

a) Recommended:

- ◆ Contact reporter for more
- ◆ Psychological evaluation

12. Drug exposed child**a) Required:**

- ◆ Interview/observe child victim(s), and photograph as necessary
- ◆ Interview/observe other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview alleged perpetrator, if other than the parents/caretakers
- ◆ Interview witnesses, collaterals, other adults in the home, professionals or agency staff
- ◆ Home visit (unless there is a good cause to believe that the home contains facilities for manufacture of meth-amphetamines)
- ◆ Background Check

b) Recommended:

- ◆ Convene CPIT
- ◆ Notify the District Attorney
- ◆ Notify the Child Advocacy Center
- ◆ Medical treatment/exam
- ◆ Contact reporter for more information
- ◆ Psychological evaluation
- ◆ Site visit, if other than the home, and if that site is not believed to contain facilities for the manufacture of methamphetamine

13. Drug exposed infant**a) Required tasks:**

- ◆ Interview/observe the child;
- ◆ Interview/observe other children in the home
- ◆ Interview parent/caretaker
- ◆ Interview witnesses, collaterals, other adults in the home, professionals and agency staff
- ◆ Medical treatment/exam
- ◆ Home visit
- ◆ Background check

b) Recommended:

- ◆ Notify the District Attorney
- ◆ Notify the Child Advocacy Center

- ◆ Convene CPIT
- ◆ Contact reporter for more information
- ◆ Psychological evaluations

c) Not applicable:

- ◆ Interview perpetrator, if other than parent/caretaker
- ◆ Site visit

14. Psychological harm

a) Required:

- ◆ Interview/observe child victim(s)
- ◆ Interview/observe other children in the home
- ◆ Interview parents/caretakers
- ◆ Interview the perpetrator if other than the parents/caretakers
- ◆ Interview witnesses, collaterals, other adults in the home, professionals and agency staff
- ◆ Home visit
- ◆ Site visit if site is other than the home
- ◆ Contact the reporter for more information
- ◆ Background check

b) Recommended:

- ◆ Medical treatment/exam
- ◆ Psychological evaluation (Note: This allegation may not be classified as indicated without supporting psychological evaluation)

c) Not applicable:

- ◆ Convene CPIT
- ◆ Notify the District Attorney
- ◆ Notify the Child Advocacy Center

15. Educational neglect

a) Required:

- ◆ Interview/observe child victim(s)
- ◆ Interview parents/caretakers
- ◆ Contact reporter for more information
- ◆ Interview witnesses, collaterals, and other adults in

the home, professionals or agency staff

b) Recommended:

- ◆ Interviews with other children in the home

c) Optional:

- ◆ Psychological evaluation
- ◆ Forensic medical exam/treatment
- ◆ Background check

d) Not applicable:

- ◆ Interview perpetrator if other than parent/caretaker
- ◆ Site visit
- ◆ Notify the District Attorney
- ◆ Convening CPIT
- ◆ Notify the Child Advocacy Center
- ◆ Interview perpetrator if other than the parent

D. Initiating the investigation

1. When investigations officially begin

The date and time that the report is assigned for investigation to a case manager by the team leader (or designee) marks the official beginning of an investigation.

2. Tasks that constitute initiating the investigation

To initiate an investigation, the case manager shall:

- a) Establish in-person contact with the alleged child victim(s) within the response priority assigned to the report, OR
- b) Document good faith efforts to meet response priority times through activities in section E below, OR
- c) Convene the Child Protective Investigative Team and coordinate investigative activities in accordance with local written protocols. The team may make the decision to delay the initial contact with the child victim(s) if such action is necessary to adequately plan the investigation, preserve the crime scene, or otherwise support the criminal prosecution.

E. Good faith attempts to

If the case manager is unable to locate, or interview/observe the child or family within the required time frame for response,

initiate investigation	<p>he/she shall document in the case narrative all good faith attempts to initiate the investigation. Good-faith attempts must include two of the following:</p> <ul style="list-style-type: none">a) Making two or more visits to the child's reported whereabouts at different times of the day.b) Going to the school, childcare center, babysitter's home, or speaking with neighbors.c) Calling back the reporter to verify identifying informationd) Checking with post office and utility companies to obtain information on the child and family's whereabouts.
F. Good faith attempts to investigate	<p>Good faith attempts must include all four of the activities in section <i>E.1</i> above. The investigation may be terminated with the team leader's approval with a classification of unable to complete. If all attempts fail, the case manager will confer with the team leader to determine the next course of action to ensure safety of the children.</p>
G. Criteria for limited investigations	<ul style="list-style-type: none">1. Unless a report alleges sexual abuse, the case manager may conduct a limited investigation, with the approval of the team leader, and when one of the following circumstances apply:<ul style="list-style-type: none">a) The case manager makes face-to-face contact with the child victim within the assigned response time frame and finds that the allegations are wholly without substance in that the reported situation or conditions do not exist.b) The absence of injury, dangerous conditions, or risk of harm can be readily observed, verified, and documented.2. Limited investigations may only occur in situations where the allegations are unfounded.
H. What constitutes a limited investigation?	<p>The following minimum tasks constitute a limited investigation and must be completed within 30 days of the date the report is received:</p> <ul style="list-style-type: none">1. Face-to-face contact to interview and/or observe the child.2. Face-to-face contact with the parent/caretaker.

3. Face-to-face contact with the alleged perpetrator if other than the parent/caretaker.
4. If the allegations involved a dangerous environment, the home must be visited and observed.
5. Contact with reporter, if known, to verify details of the report.
6. The observations and verification can be conducted within 30 days of the date of the report and documented.

I. Documentation of a limited investigation

The case manager shall provide the following documentation on a limited investigation that results in a classification of unfounded.

1. Form CS-0740, *CPS Summary and Classification Decision of Child Abuse/Neglect Referral*
2. Case Narrative that includes the date of the team leader's approval to conduct a limited investigation as well as information on all investigative contacts.
3. Classification in TN Kids.

Forms

CS-0533	Medical Services Authorization For Non-TennCare Eligible Children
CS-0740	CPS Summary and Classification Decision of Child Abuse/Neglect Referral
CS-0561	Child Protective Investigative Review
CS-0770	CPS Risk and Strength Assessment
TN Kids Screens	

Collateral Documents

None

Standards

None

Glossary

<i>Term</i>	<i>Definition</i>
<i>CART</i>	Child Abuse Review Team - a legally mandated multi-disciplinary advisory team to provide case reviews and consultation for all cases in which DCS reports to the juvenile court a finding of indicated child abuse. The team is composed of at least a representative of DCS, who serves as team coordinator; a physician; a psychologist or psychiatrist; a social worker; a representative of the local juvenile court, if requested by the juvenile judge; a representative of the local law enforcement agency, if requested by the district attorney general after notification. DCS chooses its representatives and all other persons on the team except for the representatives of the local law enforcement agency and the local juvenile court, who are chosen by the chief officer of their respective operating units.
<i>CPIT</i>	Child Protective Investigation Team - a legally mandated, multi-disciplinary team that conducts an investigation of alleged sexual abuse or other severe child abuse. A CPIT includes one DCS case manager, one representative from the District Attorney's office, one juvenile court officer or investigator from a court of competent jurisdiction, one properly trained law enforcement officer with county-wide jurisdiction from the county where the child resides or where the abuse/neglect occurred, the Child Advocacy Center director/designee, and one representative from the mental health profession (optional). The CPIT may conduct investigations on other severe abuse cases if the local written protocols provide for this.